



North Carolina Department of Transportation

APPLICATION FOR PAVEMENT MARKING TECHNICIAN CERTIFICATION						Date of Application	
Please PRINT or TYPE All NEW applications must be submitted by mail with photocopy of current driver's license/state ID by April 15.							
Last Name			Suffix	First Name		Middle Name	
Address (Street Number and Name)				City			
State	Zip Code	Telephone number ()		Driver's License Number		Driver's License State	
Employer:				Supervisor's name:		Length of Employment yrs mos	
Address (Street Number and Name)				City		State	Zip Code
Business Telephone Number: ()		Fax Number: ()		MSC # (NCDOT only):	Email address:		
Previous Employer if you have been with current employer less than 3 years.							
Employer:				Supervisor's name:		Length of Employment yrs mos	
Address (Street Number and Name)				City		State	Zip Code
Business Telephone Number: ()		Fax Number: ()		MSC # (NCDOT only):	Email:		
Under <i>either</i> 'Installing Hours' or 'Inspecting Hours', list the individual hours you have spent <i>either</i> properly installing or inspecting that Material with the Calendar Year(s) and State(s) that the work occurred. Applicant does NOT need to have worked in ALL materials. [Min. 2000 TOTAL hours.]							
Material	Installing Hours	Inspecting Hours	Calendar Year(s)		State(s)		
Paint							
Molten Thermo							
Heated-In-Place Thermo							
Polyurea							
Epoxy							
Removable Tapes							
Permanent Tapes							
Markers – Stick-On							
Markers – Cast Iron							
Misc. Marking Operations							
TOTAL:							
Have you attended NCDOT Pavement Marking Certification Training? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when (MM / DD / YYYY):							
Have you previously received a NCDOT Pavement Marking Technician Certification Number? <input type="checkbox"/> YES <input type="checkbox"/> NO							
If 'YES', download and fill out the NCDOT Renewal Application for Pavement Marking Technician Certification.							
I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application. I have attached a photocopy of my current driver's license or state ID . I understand that I will be charged \$50 if I lose my card or need a replacement card for any other reason. I understand that only one (1) replacement card will be allowed in the three (3) year certification period.							
Print Name of Applicant (Note: Photocopy of certification card and current driver's license or state ID must be attached.)			Signature of Applicant (Note: Unsigned applications will not be processed.)			Date	
I certify that the above-signed applicant has given true, accurate and complete information on this form to the best of my knowledge. I confirm this applicant is good standing with the company. In the event confirmation is needed in connection with the applicant's work, I have job order records, log book records, or personal knowledge that can verify the type of work and the quality of that work attested to in this application.							
Print Name of Authorized Company Official (Note: Signature cannot be the Applicant's signature.)			Signature of Authorized Company Official (Note: Unsigned applications will not be processed.)			Date	
Official Use Only	Test Date & Score / Graded By:		Re-test Date & Score / Graded By:		Certification Number:		
Database ID number:	Certification Training Attended Date:		Cert. Approval/Denied Date / Initials:		Certification Mailed Date:		



North Carolina Department of Transportation

Application for Pavement Marking Technician Certification

Pavement Marking Technician Certification is granted based on the following criteria:

- 1) Completion of the Pavement Marking Certification Training course with a grade of 70 or better on the test/retest.
- 2) Submission of the completed application form by April 15 after passing the Pavement Marking Certification Training test. A photocopy of applicant's current driver's license or state ID must be attached to form.
- 3) Applicant must have 2000 hours (minimum) of installation and/or inspecting experience. If the applicant is not currently installing or inspecting pavement marking materials and is seeking certification, the minimum hours experience required must come from past hours of actually installing or inspecting pavement marking materials. Supervision of others installing or inspecting pavement marking materials will not count towards the 2000-hour minimum. The applicant may attend the Certification Training and take the test while continuing to accumulate the required minimum 2000 hours of installation/inspecting experience. Applicant does NOT need to have experience in ALL materials.
- 4) Review of the application by the Review Board.

Certification is good for 3 years from the date the applicant completed the last Pavement Marking Certification Training Course. Requirements for certification renewal can be found on the renewal application for Pavement Marking Technician Certification.

If the applicant fails the test on the day of the Pavement Marking Certification Training course, the applicant may notify the Review Board that they want to take the retest which will be given a month after the initial test at a place specified by the Review Board.

If the applicant chooses not to take a retest, fails the retest or does not submit an application by May 15 of the year attending Certification Training, the applicant must successfully complete the entire course again. The Pavement Marking Certification Training is held once a year, usually in February.

Applicant will be charged \$50 if a card needs to be replaced. Only one (1) replacement card will be allowed in the three (3) year certification period.

Work performed below the level of competence demonstrated in the Certification Training Course may result in removal of certification.

Applications for certification will only be accepted by mail. Please mail signed application form with photocopy of applicant's current driver's license or state ID to:

NCDOT – Signing and Delineation Unit

Attn: Chris Howard

1561 Mail Service Center

Raleigh, NC 27699-1561